

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047548

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 173

Primary Registration District No. 3036

Registrar's No. 167

FILED JAN 11 1963

1. PLACE OF DEATH

a. COUNTY

Lawrence County

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
Marionville

Length of stay in lb
8 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence

c. CITY OR TOWN
Marionville

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
110 E. O'Dell St.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
110 E. O'Dell St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Neale

Middle

Frances

Last

Beaman

4. DATE OF DEATH

Month

December 9, 1962

Day

Year

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept. 13, 1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most working life even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Marionville, Missouri

12. CITIZEN OF WHAT COUNTRY
U S A.

13a. FATHER'S NAME

Frank Pelton

13b. MOTHER'S MAIDEN NAME

Anna Belle Butler

14. NAME OF HUSBAND OR WIFE

Wallace R. Beaman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Vaughn Smith, Marionville, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction
Generalized A.S.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to death and last saw him alive on 12/5/62
Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. A. Morrison M.D.

22b. ADDRESS

Cumma Mo.

22c. DATE SIGNED

12-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
Dec. 12, 1962

23c. NAME OF CEMETERY OR CREMATORY
Mt. Moriah Cemetery

23d. LOCATION (City, town, or county) (State)
Kansas City, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Bradford-Surridge Marionville, Mo.

25. DATE RECD. BY LOCAL REG.

1-8-63

26. REGISTRAR'S SIGNATURE

George H. Longley

(Licensed Embalmer's Statement on Reverse Side)

Dr. Morrison
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10550
20550
3
4 1
5 Z
6
7 0
8 2
94201
10
11
12 90-0
13 1-0

JAN 11 1968

See finding 29-1161-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William A. Fulk

Licensed Embalmer No. 4658

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.